**FEDERAL UNIVERSITY LOKOJA**

STUDENT AFFAIRS DIVISION



 Youth Friendly Centre

 FORM 001

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| PASSPORTPHOTOGRAPY |

**Section A**

**STUDENT INFORMATION**

Full Name: ………………………………………………………………………………………………………….

Date of Birth:……………….Matric. No:………Department:………………………..Faculty: …………………

Year of Entry:………….. Level: …………… Phone No:………………………………………………………

Age:…………… Gender:……………………….Marital Status:…………………………………………………

Nationality:…………………… State of Origin: ……………………………… L.G.A:…………………………..

Permanent Home Address:………………………………………………………………………………………..

Expected Year of Graduation……………………………………………………………………………………...

**Section B**

**PARENT’S /GUARDIAN’S INFORMATION**

Name:………………………………………………………………………… Relationship:……………………..

Occupation:………………………………………………………………………………………………………….

Permanent Home Address:………………………………………………………………………………………..

Phone No:…………………………………………………………

**Section C**

**ANY OTHER RELATIVE**

Name:………………………………………………………………………… Relationship:……………………..

Occupation:………………………………………………………………………………………………………….

Permanent Home Address:………………………………………………………………………………………..

Phone No:…………………………………………………………

**Declaration** : I……………………………………………………………………………………… hereby declare that information given above are true about myself

Student’ signature:……………………………………………………………………………………………….....